FORM 1	STATEM	STATEMENT OF		2013	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE		14.5	<u>UNG</u> ÓPM	0346 SUE LEE CO F 1	
MAILING ADDRESS :	yne-Marvin				
18370 River Est					
-1-12 8 -	3920			•	
CITY:	ZIP: COUNTY:	.ee			
NAME OF AGENCY: School District	floothy				
NAME OF OFFICE OR POSITION HEL		——( /	•		
Principal You are not limited to the space on the line	e on this form Attach additional shoots	if necessary			
CHECK ONLY IF CANDIDATE	<u> </u>				
•	PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA	FINANCIAL INTERESTS FOR THE	PRECEDING TAX YEAR, W	HETHER	R BASED ON A CALENDAR	
EITHER (must check one):					
DECEMBER 31, 201		TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA	IG REPORTING THRESHOLDS T	HAT ARE ABSOLUTE DOLL/ RE USUALLY BASED ON PE	AR VALL	JES, WHICH REQUIRES FEWER	
further details). CHECK THE ONE YO	U ARE USING:	_		THRESHOLDS	
COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS  PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]					
(If you have nothing to rep NAME OF SOURCE		te "none" or "n/a")  SOURCE'S		SCRIPTION OF THE SOURCE'S	
OF INCOME		RESS		RINCIPAL BUSINESS ACTIVITY	
111 A					
<i>₩{₽</i>					
			•		
	d other sources of income to busines	ses owned by the reporting per	son - See	instructions)	
(If you have nothing to rep	•	1 ADDD500		A DOINGIDAL BUICINESS	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Ι.([ Λ			_		
M/3-1					
PART C - REAL PROPERTY [Land, b	uildings owned by the reporting perso	n - See instructions)	En 141	G INSTRUCTIONS for	
(If you have nothing to report, write "none" or "n/a")			when	and where to file this are located at the bottom	
I			of pa		
N (/ )				RUCTIONS on who must	
<u> </u>				egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "r	[Stocks, bonds, certificates of deposit, etc See instrunono" or "n/a")	uctions)			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
4 1					
$\overline{}$					
7-,					
PART E — LIABILITIES [Major debts - See instruct	uonsi				
(If you have nothing to report, write "n					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
, , , , , ,					
NIT	-NP				
,					
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	<u> </u>				
POSITION HELD WITH ENTITY	/V ( <sup>)</sup> / ,				
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	SS				
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  1,					
Signature		Date			
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, <u>including</u> signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that	Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).	location.  Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your	or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.			
NOTE:	agency has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their qualifying papers.			
MULTIPLE FILING UNNECESSARY:  Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position great at least file a capacity.	State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.	Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.			
another public position must at least file a copy o his or her original Form 1 when qualifying.	Candidates file this form together with their qualifying papers.  To determine what category your position falls	Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or			
	under, see the "Who Must File" Instructions on	employment. However, filing a CE Form 1F (Final			

Facsimiles will not be accepted.

page 3.

PAGE 2

Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their

position on December 31, 2013.